

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/510946
APPLICANT(S)

10/57104

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT
1			/			
2			/			
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TOTAL IND.			1			
TOTAL DEP.			14			
TOTAL CLAIMS			15			

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